

A Member Information (Please Print)

Last Name	First Name	Gender	Male	Female
Address		Date of Birth (yyyy/mm/dd)		
Town/ City	Prov.	Postal Code	Country	
Member Advantage Benefit Card ID Number (last 10 digits)		Social Insurance Number (SIN) - ONLY if no Member Advantage Benefit Card ID		
Email Address		Phone #		

B Payout Method

Please Select One:

EFT - Direct Deposit Member Signature: _____ Date: _____
(dd/mm/yyyy)
 Please ensure "Application for EFT (CAD) Direct Deposit" form is filed with LiUNA!care Local 183.

Cheque Member Signature: _____ Date: _____
(dd/mm/yyyy)
 For cheque requests, please complete Section C.

Please complete and sign with pen. Digital signatures will not be accepted and will delay the application process.

C Cheque Delivery Method

Please Select One:

Pick Up - Vaughan Pick Up - Wilson Office Mailed

For cheque pickup by the member, the member will need two pieces of government issued ID (minimum one with photo). There are **absolutely NO EXCEPTIONS**.

For cheque pickup by someone other than the member, they will need to provide **TWO** pieces of member's government issued ID, **TWO** pieces of own ID, and a signed note from the member authorizing said person to pick up the cheque. There are **absolutely NO EXCEPTIONS**.

Member Name: _____ Date: _____
(Print Name) (dd/mm/yyyy)

Member Signature: _____ Witness: _____

Please complete, print, sign, and return by mail or email to vacationpay@liunacare183.com
OR
 APPLY online at www.liunacare183.com/vacation-pay-submission/